



## ***Texas Department of Insurance***

### ***Division of Workers' Compensation***

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## ***MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION***

### ***GENERAL INFORMATION***

#### **Requestor Name and Address**

JACOB ROSENSTEIN MD  
800 WEST ARBROOK BLVD SUITE 150  
ARLINGTON TX 76015

#### **Respondent Name**

LM INSURANCE CORP

#### **Carrier's Austin Representative Box**

Box Number 01

#### **MFDR Tracking Number**

M4-08-0857-01

#### **MFDR Date Received**

OCTOBER 2, 2007

### ***REQUESTOR'S POSITION SUMMARY***

**Requestor's Position Summary:** "Code 22842 for \$1,038.18 for the posterior instrumentation of the lumbar spine was denied stating 'documentation does not support level of service billed.' This denial does not make any sense as this procedure is documented in detail in the operative attached. This code is part of the surgery and must be performed. The MAR for this code is \$1,038.18 and is still due." "Code 63047-59 for \$1,318.26 for the lumbar laminectomy at L5-S1 was reduced by 50% stating it is '50% multiple procedures rule.' This is incorrect because this code was not billed with a 51 modifier and is not subject to the multiple procedure rule. This code was billed with a -59 modifier to indicate a discting and separate procedure. The MAR for this code is \$1,318.26 and \$659.13 was reimbursed. Since it was billed with a -59 modifier, \$659.13 is still due." "Code 76003-26 for \$34.55 for the fluoroscopic guidance was denied stating, 'global.' This is not correct...The MAR for this code is \$34.55 and is still due."

**Requestor's Supplemental Position Summary Dated December 9, 2008:** "Will you please withdraw all the DOP codes for example 20936, 27299, 63048, and 90779 on all pending active disputes we have with your office."

**Amount in Dispute:** \$1,731.86

### ***RESPONDENT'S POSITION SUMMARY***

**Respondent's Position Summary:** The respondent did not submit a response to this request for medical fee dispute resolution.

## ***SUMMARY OF FINDINGS***

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 31, 2006	CPT Code 22842	\$1,038.18	\$0.00
	CPT Code 63047-59	\$659.13	\$0.00
	CPT Code 76003-26	\$34.55	\$34.55
TOTAL		\$1,731.86	\$34.55

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.202, effective August 1, 2003, sets the reimbursement guidelines for the disputed services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated December 29, 2006 and August 28, 2007
  - 150-Payment adjusted because the payer deems the information submitted does not support this level of service.
  - X901-Documentation does not support level of service billed.
  - B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service.
  - Z121- Level II certified provider.
  - W1-Workers Compensation State Fee Schedule Adjustment
  - U849-This multiple procedure was reduced 50% according to fee schedule or usual and customary guidelines.
  - 97-Payment is included in the allowance for another service/procedure.
  - X815-This procedure is incidental to the primary procedure, and does not warrant separate reimbursement.

### **Issues**

1. Is the requestor entitled to reimbursement for CPT code 22842?
2. Is the requestor entitled to reimbursement for CPT code 63047-59?
3. Is the requestor entitled to reimbursement for CPT code 76003-26?

### **Findings**

1. 28 Texas Administrative Code §134.202(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."

On the disputed date of service the requestor billed codes 22612, 22630-51, 63047-59, 20936, 27299-51, 22842, 22851, 38230-51, 20938 and 76003-26.

CPT code 22842 is defined as "Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)."

The respondent denied reimbursement for CPT code 22842 utilizing reason codes "150, X901, B7 and Z121".

The requestor states in the position summary that "Code 22842 for \$1,038.18 for the posterior instrumentation

of the lumbar spine was denied stating 'documentation does not support level of service billed.' This denial does not make any sense as this procedure is documented in detail in the operative attached. This code is part of the surgery and must be performed. The MAR for this code is \$1,038.18 and is still due."

The operative report indicates the claimant underwent "Posterior instrumentation of the lumbar spine, L5 to S1, with Pioneer Quantum pedicle screws and rods." The operative report does not support 3 to 6 vertebral segments; therefore, the insurance carrier appropriately denied reimbursement based upon reason codes "150, X901, B7 and Z121". As a result, reimbursement cannot be recommended.

2. CPT code 63047-59 is defined as "Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar."

According to the explanation of benefits, CPT code 63047-59 was reduced payment based upon reason code "W1, U849, B7 and Z121".

The requestor states in the position summary that "Code 63047-59 for \$1,318.26 for the lumbar laminectomy at L5-S1 was reduced by 50% stating it is '50% multiple procedures rule.' This is incorrect because this code was not billed with a 51 modifier and is not subject to the multiple procedure rule. This code was billed with a -59 modifier to indicate a distinct and separate procedure. The MAR for this code is \$1,318.26 and \$659.13 was reimbursed. Since it was billed with a -59 modifier, \$659.13 is still due."

Per Rule 134.202(b), the maximum allowable reimbursement, (MAR) is determined by locality. A review of Box 32 on CMS-1500 indicates that the zip code 76017 is the locality. This zip code is located in Tarrant County.

28 Texas Administrative Code §134.202(c)(1) states "To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: "for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%."

The Medicare allowable for CPT code 63047 in Tarrant County is \$1,054.61. Per 28 Texas Administrative Code §134.202(c)(1) this amount is multiplied by 125% equals a MAR of \$1,318.26. This code is subject to multiple procedure rule discounting; therefore, the MAR is multiplied by 50% which equals \$659.13.

The Division finds that the requestor's position is not supported. CPT code 63047 is subject to multiple procedure discounting; therefore, the amount paid is the MAR for 63047. As a result, additional reimbursement cannot be recommended.

3. CPT code 76003-26 is defined as "Fluoroscopic guidance for needle placement (e.g. biopsy, aspiration, injection, localization device)."

According to the explanation of benefits the respondent reduced payment for CPT code 76003-26 based upon reason codes "97, X815, B7 and Z121".

The requestor states in the position summary that "Code 76003-26 for \$34.55 for the fluoroscopic guidance was denied stating, 'global.' This is not correct...The MAR for this code is \$34.55 and is still due. "

Per CCI Edits, CPT code 76003-26 is not global to any other service billed on this date; therefore, the respondent's denial based upon unbundling is not supported.

The Medicare allowable for CPT code 76003-26 in Tarrant County is \$27.64. Per 28 Texas Administrative Code §134.202(c)(1) this amount is multiplied by 125% equals a MAR of \$34.55. This code is not subject to multiple procedure rule discounting; therefore, the MAR is \$34.55. The difference between the MAR and amount paid is \$34.55. As a result, the amount ordered is \$34.55.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$ 34.55.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$34.55 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____ Signature	_____ Medical Fee Dispute Resolution Officer	1/16/2013 _____ Date
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## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**